

Saturday of each week

No. 99992

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99992 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Warner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 901 Sticker St

Cause of Death, { First (Primary), Second (Immediate), } Carcinoma of the uterus

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 26th 1887

{ Undertaker, J. McKue Jr. } M. K. Warner M. D.

Medical Attendant.

{ Place of Business, 221 S. Eutaw St } Address, Cor. Lafayette Ave & Sticker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *99993*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 24th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Katharina Kleppisch*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *42* Years, _____ Months, _____ Days.

Color, *White* Sex, *Female*

Married, *Single*, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Pennsylvania*

Duration of Residence in the City of Baltimore, *19 years*

Place of Death, { Give street and number. } *632, N. Fremont*

Cause of Death, { First (Primary,) *Pneumonia*
Second (Immediate,) *Weakness*

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *Gruid Hill Park* *Morris Wiener* M. D.

Date of Burial, *May 26* Medical Attendant.

{ Undertaker, *Andrew Rohde* Address *744, W. Fayette St.*

{ Place of Business, *730 Penna Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials, to the Office of the Registrar of Vital Statistics, issued Saturday of each week.

No. 99994

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 99999 Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Huxler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give Street and Number. } 916 N. Lex. Street

Cause of Death, { First (Primary), Bright's Disease
Second (Immediate), Asthenia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hill Point Cemetery

Date of Burial, May 26

Undertaker, Jacob Hengst

Chas. W. Neff M. D.
Medical Attendant.

Place of Business, 62 N. Baltimore Address, 763 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99995

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99995 Office of Registrar of Vital Statistics. Ward 611

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1887 - 8-20 A. M.
 Full Name of Deceased, Cecilia Gertrude Smith
 Sex, Male or Female, female
 Age, 21 Years, 1 Months, 9 Days.
 Color, white
 Married, Single, Widow or Widower, married
 Occupation, Tailor
 Birth Place, Balto. Md.
 Duration of Residence in the City of Baltimore, since born
 Place of Death, 2019 E. Chase St.
 Cause of Death, Cholera
 Duration of Last Sickness, 30 hours
 Place of Burial, St. Alphonsus Cent.
 Date of Burial, May 26, 1887
 Undertaker, Henry Hoeck Son
 Place of Business, 1023 N. Centre St.
 Medical Attendant, W. G. Dausch, M. D., 1727 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, Baltimore,

Permit No. 99996 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Anderson West.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 5 Years, Months, Days, ✓

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } King & Queens Co Virginia.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and Number. } 1107 Little Nelson St.

Cause of Death, { First, (Primary,) Consistitis. Second, (Immediate,) Amoeba. } 7 days

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, May 26 1887

{ Undertaker, B. W. Hare } Medical Attendant, William E. Wiegand M.D.

{ Place of Business, 641 Howard } Address, 1503 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 99997

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99997 Office of Registrar of Vital Statistics.

Ward 17²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th

Full Name of Deceased, Mary Conkey

Sex, Male or Female, Female

Age, 74 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, None

Occupation, None

Birth Place, Clare County, Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, 1129 Haybert St East Point

Cause of Death, Apoplexy (hemorrhagic)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 26, 1894

Undertaker, M. A. Baugh

Place of Business, 229 S. Broadway Address, W. L. Taca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99998 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 - 1887

Full Name of Deceased, Henrietta E. Tilly

Sex, Male or Female, Female

Age, 50 Years,

Months,

Days

Color, Black

Married, Single, Widow or Widower,

Occupation, Domestic

Birth Place, Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, 1518 Boulden Alley

Cause of Death, Cancer of the Breast

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Barnum Bra

Date of Burial, May 25 - 1887

Undertaker, S. W. Chase

Place of Business, 641 Howard St

E. Fawcett M. D.
Medical Attendant.

Address, 550 Market St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99999

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99999 Office of Registrar of Vital Statistics.

Ward 72

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1887

Full Name of Deceased, Samuel B Bowman

Sex, Male or Female, Male

Age, 32 Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Merchant

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1807 E Chase St

Cause of Death, Chronic Alcoholism
Septicemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26 1887

Undertaker, Am S. S. S. A. L. Gager M. D.

Place of Business, 301 W Broadway Address, 1053 N B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98451 Office of Registrar of Vital Statistics, Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest. Liggins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, Years, Months, 12 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 47 Parson St

Cause of Death, { First (Primary), Second (Immediate), } Mal" nutrition
Emaciation

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Lanoe Cem

Date of Burial, Mchth 8th 1887

{ Undertaker, Wm H Dmger

{ Place of Business, 150 East St

James A. Munn M. D.
Comm "Health Registrar
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John. E. Dmger Inspector

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

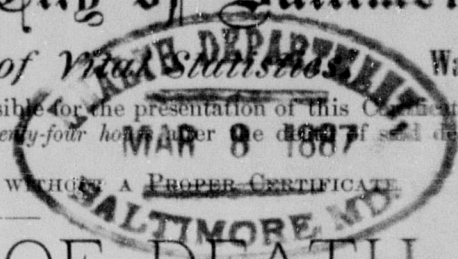
Physician's record of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98452 Office of Registrar of Vital Statistics Ward 17^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, March 7, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ely Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, 5 Months, 28 Days.

Color, _____

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, All his life ✓

Place of Death, { Give Street and Number. } 1111 Race St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 10 " 1887

{ Undertaker, Samuel Lee } Theodore Carter M. D. Medical Attendant.

{ Place of Business, 115 West St } Address, 570 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]